SECOND YEAR ANNUAL REPORT

October 1, 2003 through September 30, 2004

Providing Child Survival Services to Rural and Peri-Urban Populations in Bolivia
(Cooperative Agreement No. HFP-A-00-02-00035-00)

Submitted to:	***Submitted by:***
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Submitted: October 30, 2004

I. Main Accomplishments of the Program

IMCI implementation: At this time 100% of project staff in all health centers in both geographic areas (Montero and El Alto) have been trained in Clinical IMCI. This training included all health personnel and some people from the administrative department, who have direct contact with children less than five years of age (receptionists and administrators). All trained staff are using the IMCI protocols and a supervision system is in use based on Quality Improvement and Verification Check Lists (QIVCLs), and staff is scoring an average of 80% in correctly completing all steps of the IMCI protocols.

The process of implementing Community IMCI has begun and a group of volunteers has been trained. It has become apparent that it would be best to have some staff members trained as Community IMCI trainers, to make ongoing training of new volunteers more feasible. Staff members in El Alto and Montero have now been trained in facilitating Community IMCI training and are available to provide continuity for the volunteers. The system for supervision and follow up with volunteers began with the design of check lists (QIVCLs), in collaboration with staff from the Ministry of Health. The resulting check lists were adapted for each of the geographic areas (Montero and El Alto).

Six practices or key messages from the list of 16 key practices promoted by the World Health Organization were selected based on the prevalence of health problems, the impact of those health problems on morbidity and mortality in the communities we serve, and the context and possibility for changing behaviors. Materials are being prepared for diffusion of these key messages. These prioritized messages also correspond to areas that showed little to no improvement in the first annual mini KPC survey; knowledge of danger signs in pregnancy, in the newborn, and in children under five years of age, home care of the sick child, and complementary feeding of infants after six months of age.

Quality Assurance Program Expansion: The Quality Assurance (QA) program was initially piloted at one of the health centers in Montero (Villa Cochabamba) with excellent results and has now been expanded to the other two centers in Montero and to Senkata in El Alto. Staff members from each unit have collaborated in defining quality and setting standards. An initial workshop has been provided to all units and teams have been formed to monitor the program locally. Checklists (QIVCLs) for Community and Clinical IMCI have been included as tools for regularly monitoring the health teams.

Census Based Impact Oriented Methodology (CBIO Methodology): In Montero and El Alto the staff is implementing the CBIO methodology in their respective community neighborhoods. In Montero the program is much stronger because CBIO has been in use for a much longer time than in El Alto. There has been some self-study on ways to streamline and update the CBIO methodology. Volunteers weigh and measure children, administer micronutrients such as Vitamin A, and work principally in detection, education and referral.

In El Alto, the CBIO methodology has begun to be implemented. This is a new project area for CSRA and the clinic in Senkata, El Alto, is just over a year old. Progress has been slower than expected in the implementation of CBIO. The census has been completed in fifteen peri-urban communities and the information from this census is currently being shared with the communities. As part of this process, the volunteers met and participated in the design of materials and the selection of priority indicators. This is a way of promoting a process of reflection and participatory planning for action to resolve health issues that were prioritized by the volunteers at these meetings.

In Montero and El Alto some volunteers participate regularly in the annual planning workshops and the monthly meetings of the information analysis committees.

Behavior Change Communication Strategy: Curamericas and CSRA consulted and met with representatives from CPC (Centro de Programas de Comunicacion) and decided to contract with CPC for a 22 month consultancy, to provide training, continuing education, mentoring and technical assistance in communication and community participation. The program is called CPC-ARU (Aru is a word meaning sunrise, and implying new beginnings). This decision to consult with CPC was based on a belief that it is important to develop communication activities in a participative way with the community, and that the project staff members are also part of the community. This approach will provide a stronger and more sustainable base for behavior change. CPC has facilitated workshops for CSRA, including a lot of time and exercises to promote reflection on organizational development issues. The teams from all areas of CSRA examined technical and theoretical aspects of the projects and what is working and what is not working well in practice at present. These workshops were carried out with participation from representative stakeholders in the communities: volunteers, local authorities, and staff members in each geographic area. Based on these workshops, this new approach has resulted in an attitudinal shift among staff members towards developing activities in a very participatory way with the community.

"When you facilitate the creation of a space for reflection, people make good use of the opportunity and look at their work from another perspective. They are able to see things that on a daily basis are missed. Reflection is as important as the process itself." Ximena Quiroga, CSRA Communication Specialist

In coordination with CPC, the Curamericas program backstop, Mary DeCoster, with assistance from Ximena Quiroga, CSRA Communication Specialist, conducted a communications skills assessment and follow-up workshops with key personnel from each geographic area and the main office. Staff learned skills in building rapport with community members through use of positive body language, good listening skills, use of appropriate questions and probes, and other related skills. The ORPA (Observation, Reflection, Personalization, Action) discussion method was introduced to those new to the method and reviewed with those who had prior experience using ORPA. The staff who attended these workshops will follow up with a series of short in-service workshops on communication skills for remaining staff members.

Sustainability: CSRA's sustainability strategy relies heavily on working with Municipal Governments and the Ministry of Health to increase government investment in community health, and to contracting with them for increased funding of CSRA health services. Programs such as the CS-18 project also create increased levels of community awareness and demand for services, resulting in increased community advocacy for funding of services. At present in El Alto, the municipal government has signed a five year contract with CSRA to support the provision of health services. The district health service in El Alto has also promised to fund some additional clinical staff positions. In Montero negotiations are still underway to determine whether CSRA clinics will receive a SUMI contract (the government funded basic health insurance scheme).

Table 1: Progress towards Technical Objectives

OBJECTIVES/INDICATORS	Progress on Target?	Comments
Increase the number of children between 12 and 23 months who are fully vaccinated before 13 months of age from 33.3% to 55%	Yes	Will likely exceed goals according to our health information system and mini KPC results.
Increase the percentage of children under two years of age who receive the same or greater quantities of solid food during an episode of diarrhea during the past two weeks from 45.4% to 65%	No	Mini KPC results show that the program is at or below baseline levels in both regions. Behavior Change Communication Strategy will address this.
Increase the percentage of children from 0 to 23 months with diarrhea in the past two weeks who receive ORS from 42% to 65%	Yes	Mini KPC results show some initial improvements in this indicator but more work is needed.
Increase the percentage of mothers who regularly wash their hands with soap and water at key moments from 4.4% to 30%	Yes / No	Satisfactory progress in Montero, but not yet in El Alto. This will be emphasized in year three in El Alto, with help from nursing students from the Catholic University.
Increase the percentage of children 0 to 23 months with cough and rapid breathing who receive treatment from a trained health care provider from 37.6% to 48%	Yes	In both regions the data show an increase from baseline, in prompt and appropriate identification, management, and follow-up of cases.
Decrease the percentage of children 0 to 23 months who are underweight from 8.8% to 5%	Yes	In both regions there is good identification, management, follow up and referral when appropriate to specialized rehabilitation centers.
Increase the percentage of children 12 to 23 months who are immediately breastfed (during the first hour after birth) from 46% to 67%	No	In year three this will be promoted more through birth plans and other elements of BCC strategy.
Increase the percentage of children 6 to 23 months who receive Vitamin A supplements during the last six months from 55.6% to 80%	Yes	
Increase the percentage of mothers of children 0 to 23 months who have received at least one prenatal control during their last pregnancy from 81.6% to 90%	Yes	
Increase the percentage of women who seek delivery care services from a	Yes	

OBJECTIVES/INDICATORS	Progress on Target?	Comments
trained health care worker from 67.5% to 85%		
Increase the percentage of mothers of children 0 to 23 months who receive at least 2 tetanus toxoid doses during their last pregnancy	No	Better follow up of pregnant women is planned for year three to assure that they receive their second dose.
Increase the percentage of mothers 20 to 24 years of age who are fully vaccinated with TT (5 doses)	No	Vaccination campaigns are planned for year three to reach young women.
Increase the percentage of mothers of children 0 to 23 months who are able to recognize at least 2 newborn danger signs from 7.2% to 40%	No	The mini KPC showed some improvement in this indicator and more improvement is expected after the IMCI-newborn care training.
Increase the percentage of mothers of children 0 to 23 months who are able to recognize at least 2 danger signs during the postpartum period from 4.2% to 40%	No	The mini KPC showed some improvement, but not sufficient in both regions. This will be actively addressed in year three.
Increase the percentage of mothers of children 0 to 23 months who receive Vitamin A after their last pregnancy from 21.4% to 80%	Yes	Volunteers have been trained to administer Vitamin A at home visits.
Increase the percentage of mothers of children 0 to 23 months who know at least 2 danger signs in their sick child that required treatment from 29.1% to 40.5%	No	Delays in training volunteers in Community IMCI and volunteer turnover have been factors. Now staff have been trained in Community IMCI facilitation, and a system of incentives for volunteers is in effect, that should help improve the situation.
Number of sessions with the health team to review and analyze the results of the IMCI quality standards—5 sessions	Yes	This occurs on a monthly basis during the meeting of the Information Analysis Committees.
Increase the percentage of children under 5 years of age who have been evaluated using the IMCI strategy from 0% to 90%	Yes	
Increase the percentage of health personnel who score at least 90% on the application of Clinical IMCI quality standards from 0% to 90%	Yes	More than 50% of the staff currently scores at least 90%. The staff average at present is 80%
Increase the percentage of pharmacies in the health posts that have at least	Yes	This goal has already been reached.

OBJECTIVES/INDICATORS	Progress on Target?	Comments
90% of essential medicines in stock necessary for IMCI implementation from 0% to 90%		

Table 2: Progress towards Sustainability Objectives

OBJECTIVES/INDICATORS	Progress on Target?	Comments
Increase the percentage of recurring costs that are recuperated locally (municipalities, state, sale of services and others) from 40% to 65%	Yes	
Increase the percentage of health personnel (doctors, nurses, auxiliary nurses) who consistently follow IMCI protocols from 0% to 90%	Yes	100% of health personnel is applying the IMCI strategy, and using verification checklists for quality assurance.
Increase the percent of project sites with current contracts delegating management of health systems to CSRA	Yes	The municipal government and the health committee of El Alto signed a contract with CSRA to administer health district 8.
Design, develop, and implement a model specific to El Alto for health system operations for health district 8	Yes	The model has been implemented. Some adjustment may be needed.
Adapt accounting software in 100% of the project areas to improve financial management	Yes	

Table 3: Progress towards Capacity Building Objectives

OBJECTIVES/INDICATORS	Progress on Target?	Comments
Increase charitable donations received at headquarters by at least 20% over five years / implement a corporate marketing plan	No	Administrative changes have occurred at headquarters in the past year. Curamericas hired a development director to focus on this objective.
Increase grant income for headquarters and program support by 10% over five years	No	See above
Develop educational materials for field programs	Yes	

II. Factors which have impeded progress

Behavior Change Communication (BCC) Strategy development and implementation delays: There were significant delays in developing and implementing a BCC strategy. Staff turnover at CSRA and Curamericas has been a contributing factor (Hernan Castro was replaced by Gonzalo Cordova as CSRA's CS-18 project director, and Craig Boynton was replaced by Mary DeCoster as Curamericas' CS-18 project backstop). CSRA staff has historically been strong in

provision of clinical services and CBIO methodology, but are less skilled in community outreach and participatory methods. The collaboration with CPC discussed in the previous section is expected to provide a major boost to staff capacity building in this area. The annual mini KPC surveys were carried out in Montero and El Alto in June and July, using LQAS methodology and only surveying on selected indicators as prioritized in the Detailed Implementation Plan. The results showed satisfactory progress in increasing coverage, but there were lower results in changes in knowledge (such as danger signs) and practices (such as hand washing), due to delays in implementing a coherent BCC strategy.

Staff members have been trained in barrier analysis and have implemented barrier analysis studies to gain insight into community members' reluctance to adopt promoted behaviors. Barrier analysis studies were used as a basis for the design of educational materials on hand washing.

At the Senkata clinic in El Alto community educational sessions will be offered, using videos and participatory educational sessions. Outreach sessions will also be provided at health fairs. In Montero educational sessions will also be offered to high school students. Other community activities are under development with support from the Centers from Programs in Communication (CPC, Centro de Programas en Comunicacion). CPC in Bolivia has extensive experience working with Behavior Change Communications programs in Bolivia, and has developed a new, more participatory approach for community outreach and education. CSRA, with approval from Curamericas, has contracted with CPC for a consultancy in communication, in close collaboration with CSRA's communications specialist. This consultancy will include evaluations, workshops, and mentoring in participatory community work, to increase the programs effectiveness.

Delays in beginning community outreach work in Senkata (El Alto): When the clinic was opened in Senkata, it was planned that the health care staff would do census activities, and also would provide home visits and community outreach activities. The community's enthusiastic response to the clinic opening was unexpected, and the waiting rooms are filled to capacity every day. As a result, staff members have little time for home visits, so a new plan was developed. Community members were recruited as volunteers to provide home visits, outreach and education throughout the community. There have been additional challenges due to high turnover in volunteers. Large numbers of potential volunteers attend the volunteer training sessions, but few of them become active volunteers afterwards. Another complicating factor is the presence of other NGOs in El Alto. Some of them pay their volunteers, and this has led the program volunteers to also expect to be paid for their time. At present there are only 8 active volunteers in the area. This situation is being addressed through development of a policy to provide incentives for volunteers, simplifying and shortening the training period for volunteers, and improvements in communication and coordination between other NGOs. The new policy is being developed with the participation of volunteers and community members.

Student nurses from the Universidad Catolica have also been actively involved in the program, as part of their field experience. They receive training in CBIO methodology and basic elements of the program, and help with census activities and home visits.

Quality Assurance Program: The implementation of the Quality Assurance programs at CSRA headquarters has been limited to an introductory workshop for key administrative staff members to date. The human resources director and administration staff will support the implementation of the quality assurance program as part of their process of organizational development and capacity building in year three.

Supervision system: Supervision has been renamed by CSRA staff as the "System for Follow-Up and Support," because "supervision" has such a negative connotation in their culture. The program aims to provide a highly supportive and positive supervision system to ensure that

staff members receive adequate training, support and sufficient feedback to perform tasks with high levels of quality and consistency in order to produce optimal program results. The supervision system has been under development in a slow, but highly participatory way. Some elements of the system are already in place, such as the use of quality improvement and verification check lists or QIVCLs, but others are still in process.

Birth plans: Implementation of the use of birth plans has been delayed, but all staff has now been trained, in both geographic areas. The second phase is beginning in this fiscal year, of involving the communities in developing community level emergency plans. This process will be supported by CPC staff working closely with CSRA staff, and will be adapted to the different situations in each of the geographic areas.

Collaboration with CRECER: CRECER is a Bolivian NGO working on a micro-credit project in partnership with Freedom from Hunger. CSRA and CRECER had planned to collaborate, with CRECER implementing a village banking network in CSRA/Curamericas project areas. CSRA planned to provide the health education component, which is mandated for CRECER. Both organizations felt that this would be a beneficial partnership, helping to increase outreach and coverage, and strengthening health and economics in the program areas. Unfortunately, it has been determined that this proposed collaboration will not be possible. CRECER was unable to meet CSRA's basic expectations. For example, many of the banking groups do not include women of reproductive age or with children under the age of five. Also, CRECER has already developed educational modules with little flexibility for including CSRA's priority health messages. CSRA was unable to meet an expectation of CRECER's – getting lower rates for community members from the banks. CSRA staff also noted that CRECER has little presence or visibility in El Alto. For these reasons CSRA and CRECER decided it would not be practicable to work together as originally planned.

Intercultural awareness: At the beginning of the project there were plans to hire a consultant from the Traditional Medicine Center in El Alto, to help staff gain a deeper understanding of community members' traditional beliefs and practices. This consultancy will not be possible because an appropriate consultant is not available, but these issues are being addressed in other ways through the CPC consultancy on communication. Intercultural issues will be addressed in a variety of ways through dialog with the communities served through the program.

III. Areas in which technical assistance is needed:

Some technical experience will be needed to support the midterm evaluation process. The upcoming mid-term evaluation process will be a new experience for Gonzalo Cordova, CSRA project director, as well as for the Curamericas program backstop, Mary DeCoster. Guidance will be sought from the CORE group in selecting an evaluator who can help make this a productive and positive learning experience for all. Additional guidance will be sought from CSTS staff and the USAID on recommendations for planning and carrying out the mid-term evaluation.

IV. Substantial changes from the program description and DIP.

There are no substantial changes in the program.

V. For projects in their first or second year: If specific information was requested for response during the DIP consultation for this program, please provide the information as requested.

Not applicable – the information requested was provided in the first year annual report.

VI. For projects receiving Flexible Fund support: Not applicable.

VII. Describe the Program's Management System:

· **Financial management system**

Each geographic area has an accountant and an administrator who manages the annual budget based on operations plans that have been developed jointly with technical staff. The Financial director in the CSRA central office disburses funds on a quarterly basis to each area. At quarterly meetings during evaluation meetings, called Implementation Committee Meetings, the directors of each area and the finance department staff analyze the information together related to program progress and actual versus budgeted spending. This process works well to keep technical and financial staff communicating well and optimizing results.

The processes and norms in use are the norms on Goods and Services stipulated by the USAID mission in Bolivia. Through a consultancy, policy and procedures have been developed that establish the norms for contracting goods and services, including specific rules, a manual of processes, and forms for use in supporting the practices of these processes.

The CORE accounting software package has been piloted in one area, and will be implemented throughout the institution in the coming fiscal year.

· **Human resources**

During the second year of the project, there has been a process of organizational capacity building in the areas of administration and human resources.
Human resource policies have been revised, as part of the process of organizational development. The policies that have been developed are as follows:

i. Ethics codes
ii. Hiring policies
iii. Orientation policies
iv. Salary policies
v. Training policies
vi. Policies for performance evaluation

· **Communication system and team development**

Communication is an important aspect which has received considerable emphasis. There are formal and informal mediums of communication. Some of the formal routes are: 1) Monthly Information Analysis Committee meetings in each geographic area with participation from health, administrative and finance personnel, volunteers and local community leaders 2) Quarterly Implementation Committee meetings, with participation by technical staff members from the central office in La Paz, and technical directors from Montero and El Alto, for program progress analysis and coordination. Managers and Directors committee meetings also provide analysis of the progress of programs, with periodic and emergency meetings. Workshops provided by the CPC consultants also advance the communication and participation of staff members across technical, administrative, and financial areas, as well as improving communication and participation with community members.
Telephone contact works well between the geographic areas and with the Curamericas office in the United States as well. Email also functions well between the CSRA main

office and Curamericas Headquarters, but email functions less well at some of the project areas, and is not dependable. Fax is also available, but not entirely reliable, as a means of communication.

· **Local partner relationships**

CSRA and Curamericas executive directors have been in frequent and close communication during the year. Curamericas' director Teresa Wolf has visited CSRA in Bolivia, and CSRA director Nathan Robison has visited Curamericas in the US this year and both have expressed satisfaction and enthusiasm about their strong and mutually supportive working relationships. Staff members from both organizations have expressed their positive feelings about the increase in mutually responsive and supportive collaboration on management, technical and administrative issues.

· **PVO coordination / collaboration in country**

CSRA is an active member of PROCOSI in Bolivia, which is an organization for non-profits working in the field of health, providing many opportunities for coordination, collaboration and information sharing between organizations. For example, CSRA is working with CRECER to coordinate some community IMCI activities.

· **Other relevant management systems**

None

· **Organizational assessments including audits:**

An Institutional Strengths Assessment (ISA) had been discussed in planning this program. The instrument was presented to CSRA Management, Human Resources, and Technical staff members by the Curamericas program backstop, and discussed at length. CSRA staff expressed a desire to explore options for using a different organizational assessment tool, as they felt that the ISA was not the best fit for their needs. CSRA has engaged in numerous institutional self-study exercises in previous years, and several people expressed that they are well aware of their strengths and weaknesses. There is a general consensus that what is needed now is not more study, but an action plan for remedying some of the weaknesses. This issue will be revisited during year three of the program.

There were a number of observations from the 2003 financial audit. The table below shows the recommendations and the plans for addressing them. Gladys Shanklin, Curamericas' Program Administrator will work with Gloria Laime, CSRA Finance Director, to provide the desired information and support in year three.

Recommendations and Responses to the Financial Audit 2003.

Description	Aspects that can be handled internally by CSRA	Aspects that can be resolved with external assistance
Observations	There were differences between the financial reports sent to Curamericas and the accounting registers for the project.	Administration needs a manual on acquiring goods and services. (This is being resolved with assistance from PROCOSI, USAID's Bolivian mission, and a consultant).
Recommendation	Justify said differences to Curamericas.	Implement formal procedures.
Response by CSRA Administration	This was resolved in the report sent to Curamericas in April 2003 with the respective adjustments.	CSRA would like Curamericas to provide additional guidance on Institutional Acquisition of Goods and Services, with respect to compliance with US regulations.
Prevention	In the future these differences should be resolved prior to the audit.	CSRA would like to receive from Curamericas: ✔ Guidance on how much the budget may be altered. ✔ Guidance (%) on how much over-expenditure is permissible in budget line items.

VIII. Work Plan

Work Plan for Project Year # 3

IMCI

Activity	Time Frame	Responsible
Finish IMCI Neonatal and Birth Plan training with staff and volunteers.	October 2004 to February 2005	CS-18 Project Director, Gonzalo Cordova
IMCI Clinical training for new staff members	October 2004 to November 2004	CS-18 Project Director
Analysis of selected relevant cases in IMCI and Maternal Health	Quarterly	Area Directors
Implementation of PROPAN activities in El Alto.	October to March 2005	Area Directors
Implement use of quality assurance and verification checklists (QIVCLs) on storage, preparation, and application of vaccines in Senkata and Montero, based on WHO guidelines	October to March 2005	Area Coordinators CS-18 Project Director Technical Director

Maternal Health – Birth Plans

Activity	Time Frame	Responsible
Vaccination campaigns on Tetanus Toxoid in schools.	Quarterly	Area Directors
Four workshops (3 in Montero, 1 in Senkata) on developing community birth plans.		Area Directors, Communication Specialist CS-18 Project Director

CBIO Methodology

Activity	Time Frame	Responsible
Support each geographic unit in strengthening implementation of CBIO methodology.	October to September 2005	Operations Manager Area Directors

Assist in design of instruments and guides for standardization of each component of CBIO methodology in each geographic area.	October 2004 to June 2005	Operations Manager
Support the establishment and consolidation of the follow-up and support systems (supervision) in each geographic area.	January to June 2005	Operations Manager. Area Directors
Technical support for readjusting the information system for CBIO in each geographic area.	January to June 2005	Information Specialist, Operations Manager, Area Directors
Support the development of a policy for volunteers in El Alto.	October to November, 2004	Operations Manager CS-18 Project Director El Alto Training Coordinator
Mortality case analysis workshops	October to March 2005	Operations Manager, Area Coordinators
4 workshops (3 in Montero, 1 in Senkata) to facilitate the process of community development of part of the Epidemiological Vigilance System including development of processes for returning information to the community as a useful instrument for making decisions and generating a process of advocacy.	October to March	Communications Specialist, Consultants from CPC, Operations Manager, Area Directors

Accounting software package: CORE

Activity	**Time Frame**	**Responsible**
Evaluate the pilot process and make preparations to implement CORE software in Montero and El Alto.	January to March 2005	Finance director
Implementation of CORE software in El Alto and Montero	March to July 2005	Finance director
Support and follow up on CORE software implementation for staff using this package	July to September 2005	Finance director, Operations manager, Information Specialist

Quality Assurance Program

Activity	Time Frame	Responsible
Provide two Quality Assurance workshops	October – November 2004	Operations Manger, Area Director, Technical Manager
Develop standards for measuring quality	November 2004- September 2005	Regional technical managers and staff.
Provide third Quality Assurance workshop 3	February 2005	Operations Manager, Area Director, Technical Manager

Supervision System (System of Follow-up and support)

Activity	Time Frame	Responsible
Design of supervision system tools	October 2004	Technical Director, Technical staff, local directors.
Training of facilitators on Supervision Skills	November 2004	Operations Manager, Technical Director, and Area Director, consultants.
Staff training and practice with supervision tools.	November-December 2004	Area directors and local technical staff with support from CSRA headquarters technical staff.
Second training of facilitators on supervision and staff training.	February 2005	Operations Manager, Technical Director, and Area Director, consultants.
Third workshop on training in supervision for facilitators and staff training	April 2005	Operations Manager, Technical Director, and Area Director, consultants.
Supervision system implementation (follow up and support system).	November 2004- September 2005	All technical staff from CSRA headquarters, local directors, and local technical staff.

Administrative Area

Activity	Time Frame	Responsible
Quality Assurance program implementation in CSRA headquarters office in La Paz.	June to September 2005	Administrative Development Manager and Human Resources Director
Implement and follow up on policies and norms developed for administrative and human resource procedures.	October 2004 to September 2005	Administrative Development Manager

Communication

Activity	Time Frame	Responsible
Five meetings for self evaluation and monitoring on community participation processes to analyze the progress of the project and produce a report.	October 2004 to September 2005	CPC consultants, Communication specialist
Six intercultural and intersectorial encounters for reflection and discussion of the contexts of the application of Community IMCI, as well as cultural, interpersonal and gender issues in the delivery of services. (3 in Montero and 3 in Senkata)	October 2004 to September 2005	CPC consultants, Communication specialist
Four workshops (3 in Montero and 1 in Senkata) to strengthen communication and negotiation skills for health care staff, and volunteers in carrying out home visits.	October 2004 to September 2005	CPC consultants, Communication specialist, Curamericas program backstop
Workshop / Review of Barrier Analysis in El Alto and next steps.	March 2005	CS-18 Program Director, Curamericas program backstop

Mid-term Evaluation

Activity	Time Frame	Responsible
Organize Mid-Term Evaluation Team, hire consultant, and carry out surveys, focus groups, and other studies and activities for mid-term evaluation.	March - July 2005	CS-18 Project Director, Curamericas Program backstop
Mid-term evaluation workshops	July 2005	CS-18 Project Director, Curamericas Program backstop, External Evaluator, Evaluation Team
Planning meetings to respond to mid-term evaluation, write adapted implementation plans and responses.	September 2005	CS-18 Project Director, Curamericas Program backstop, Evaluation Team

IX. Key issues, results or successes

None at present.

X. Non-applicable Topics

When a topic has been non-applicable that has been stated in the appropriate section.

XI. Other relevant aspects of the program

None.